

Provider *Insider*

Alabama Medicaid Bulletin

November 2001

The checkwrite schedule is as follows:

11/02/01	11/16/01	12/07/01	12/14/01	01/04/02	01/18/02	02/08/02	02/22/02
03/08/02	03/22/02	04/05/02	04/19/02	05/03/02	05/17/02	06/07/02	06/21/02

As always, the release of direct deposits and checks depends on the availability of funds.

Breast and Cervical Cancer Prevention Now Covered By Medicaid

On October 1, 2001, Alabama Medicaid began covering the new Eligibility Group for Breast and Cervical Cancer which was signed into law on October 24, 2000. Former President Bill Clinton signed the Breast and Cervical Cancer Prevention and Treatment Act of 2000 and the Act created an "optional" Medicaid eligibility category for low income women diagnosed with breast or cervical cancer through a federal screening program.

Eligibility is limited to individuals who: 1) are not otherwise eligible for Medicaid, 2) are under age 65, 3) have been screened for breast and cervical cancer through the CDC National Breast and Cervical Early Detection Program and have been determined to need treatment for breast or cervical cancer, and 4) have no creditable health insurance coverage as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Beginning October 1, 2001, any woman who meets the eligibility requirements for Medicaid pursuant to this act shall be entitled to medically necessary treatment for breast or cervical cancer and any other medically necessary Medicaid services covered under the Medicaid State Plan for the period of eligibility. The period of eligibility for coverage under this act is limited to the period during her course of treatment

(Continued of page 2)

EDS Eligibility Services Are Provided at No Charge

It is very important to verify eligibility on a monthly basis to ensure Medicaid recipients are eligible for services, have not changed PMPs, or exhausted benefits. EDS provides ways to accomplish this task free of charge.

The Provider Electronic Solutions (PES) software is provided at no charge. It allows you to verify eligibility in batch mode (up to 500 per transaction)

or interactively (one at a time). There is no per transaction fee related to the software. The approximate batch response time is two hours; approximate response time for interactive is 45 seconds. Along with the software comes free support, installation, and training.

AVRS (Automated Voice Response System) is available 23 hours a day, seven (7) days a week, and allows you to

check up to 10 transactions per phone call. The Provider Assistance Center (PAC) is available Monday through Friday, 8 am to 5 pm, to verify eligibility as well as assist with billing problems.

If you have any questions about how to obtain the EDS PES software or utilize any other eligibility verification options, please contact your EDS Provider Representative at 800-688-7989.

In This Issue...

Breast and Cervical Cancer Prevention Now Covered by Medicaid	1
EDS Eligibility Services Are Provided at No Charge	1
Medicaid Requires Blood Lead Test for Children	2
Dental Claim Problems With EOB Code 399	2
Medicaid Issues New Instructions for Pharmacies	2
Clarification of Flu Vaccinations	2
New PAC Requirements for Providers	3
Calling EDS	3
Correction to Appendix H - Injectables	3
Codes for Adult Vaccines	3
Dental Program 2001 Fee Review	3

Provider Numbers and Locations	3
Important Mailing Addresses	3
Answers to Questions Concerning Vaccine for Children	4
Clarification Regarding Prevnar VFC Codes	4
Synagis, PPD Skin Test, and the Rabies Series Not Part of the VFC Program	4
Correction to EPDST Matrix	4
Alabama Medicaid Announce Changes for District Offices	4
EDS University: How to Avoid Error 1070	5
EDS Provider Representatives	6
Medicaid District Offices	7
State Fiscal Year 2001-2002 Checkwrite Schedule	8

Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

Medicaid Requires Blood Lead Test for Children

According to CDC recommendations, if there are no reliable blood lead data demonstrating the absence of lead exposure among this population, health-care providers should: a) screen all young children enrolled in Medicaid with a blood lead level test (BLLs) in accordance with CMS (HCFA) policy, b) provide medical management and care, and c) refer children with elevated BLLs for environmental and public health case management. The Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) has suggested the following recommendations for Health-Care Providers:

- 1) All children enrolled in Medicaid should be screened with a blood lead test at ages 12 and 24 months or at ages 36-72 months if they have not previously been screened
- 2) Children identified with elevated BLLs require evaluation and referral for appropriate follow-up services

In conclusion, during 1991-1994, an estimated 535,000 U.S. children aged 1-5 years in the Medicaid program had elevated BLLs (>10ug/dL). Of children aged 1-5 years with BLLs > 20 ug/dL, 83% were enrolled in Medicaid. Because most young children enrolled in Medicaid have not been screened with a blood lead test as required by law, an estimated 352,000 children with elevated BLLs have never been identified or treated. States should ensure that young children enrolled in Medicaid receive the appropriate blood lead screening and follow-up care to which they are legally entitled.

Dental Claim Problems With EOB Code 399

The Medicaid Agency and EDS are aware of incorrect denials occurring on paper claims when the provider has appropriately indicated the PA Number in the "REMARKS" block as explained in the Provider Manual, Chapter 5, page 23. EDS is currently researching this problem and notice will be placed in a future Provider Insider explaining how to get these claims processed. If you have any claims that are approaching the one-year filing limit, please send a clean claim to the Medicaid Agency requesting Administrative Review and assistance to resolve a disputed denial to the address below:

Alabama Medicaid Agency
Dental Program
ATTN: Administrative Review
P.O. Box 5624
Montgomery, Alabama 36103-5624

We apologize for any inconvenience and delay in payment that this may be causing and are working to resolve this as soon as possible.

REMINDER

New Referral Form (Form 362)

This new form is now available on the Alabama Medicaid website:

www.medicaid.state.al.us

Medicaid Issues New Instructions for Pharmacies

Certain Medicaid covered drugs are included in a Federal and State Maximum Allowable Cost Program. For these products, pharmacies may only receive the brand reimbursement rate upon obtaining a prescription with a brand medically necessary certification in the physician's own handwriting. If the physician believes the brand is needed, he must write "brand medically necessary" on the face of the prescription. Medicaid will recoup payments if the dispensing pharmacist does not have the prescription with "brand medically necessary" written in the physician's own handwriting in the pharmacist's record.

Clarification of Flu Vaccinations

Although Medicaid reimburses for Flu Vaccines regardless of age, VFC stock may ONLY be used for children eligible for the VFC Program. Procedure codes 90657 and 90658 are part of the VFC stock. Procedure code 90659 is not part of VFC stock and may be billed for non-VFC Medicaid eligibles.

Breast and Cervical Cancer Prevention Now Covered By Medicaid

(Continued from page 1)

as determined by the medical professional responsible for the cancer treatment.

General Medicaid eligibility criteria including residency and citizenship must be met. Treatment under this act is limited to medically necessary treatment consistent with optimal standards of medical practice. Experimental treatments will not be covered. Eligibility will be determined by Medicaid following appropriate application procedures and shall include verification of CDC screening and diagnosis plan of treatment. No coverage will be provided under this act for any period prior to the date of the CDC screening and diagnosis. Contact: DeborahPennington@adph.state.al.us

www.medicaid.state.al.us

New PAC Requirement for Providers Calling EDS

In order to prepare for future HIPAA security requirements, effective October 15, 2001 all telephone calls from Providers for specific eligibility or claim information will require the caller to supply their Alabama Medicaid Provider Number. Information will not be released from the Provider Assistance Center without this verification.

Correction to Appendix H - Injectable

Three procedure codes (PC) will be deleted from Appendix H because they are no longer available. PCs 90701, 90720, and 90745 will be deleted from Appendix H in the October updates of the Provider Billing Manual.

Codes for Adult Vaccines

The following immunization procedure codes located in the CPT may be given to adults over 19 years of age or above. These are: 90658, 90707, 90713, 90716, 90718, 90732, and 90744. VFC vaccines can not be given to adults.

Provider Numbers and Locations

There appears to be a lot of uncertainty about provider numbers and locations. Chapter 2 of the Provider Billing Manual instructs that if a provider has more than one location, each location receives an individual provider number. If a group consists of more than one physician, each physician receives an individual provider number. It is very important to bill using the correct provider number for a particular location as well as providing the correct provider number for a particular location to other providers, the VFC Program, and consultants. Please make a note of your provider numbers corresponding to their appropriate locations for easy future reference.

Dental Program 2001 Fee Review

The Medicaid Agency has reviewed the current fee schedule in comparison to the regular BCBS fees for 2001. CDT codes D4220 and D7286 will be adjusted accordingly. We will also increase **D9110** as a result of new system audits that will prevent the payment of this code with any definitive treatment codes. Refer to your provider manual, Chapter 13 for specifics about limitations and any special requirements for covered procedures. These rates will become effective on **November 1, 2001**. The Agency's methodology uses an average of the six regional rates for each code under the regular or "UCR" BCBS fee schedule and not the preferred fee schedule. The Agency has worked with the Dental Task Force and ALDA on nine procedure codes identified in October of 2000 to address concerns of possible patient quality and misuse/abuse before the rates could be increased consistent with other rates. We were able to increase the rates on D2750, D2751, D2752 and D4341 during this past year. We are currently working with the Dental Task Force to address concerns with the remaining four codes (D2930, D2931, D2932, D3220).

Important Mailing Addresses

Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

REMINDER

Prevnar Shortage (Pneumococcal Conjugate 7 or Pnu 7)

Due to a shortage of Prevnar (procedure code 90669), the CDC revised recommendations for administering Pnu 7. Pnu 7 may be administered to all children 2-12 months of age. Children 13-59 months should be immunized if they meet certain risk categories. For risk categories, go to the CDC website at "www.cdc.gov/mmwr/preview/mmwrhtml/mm5036a3.htm". Questions? Call the VFC Program at 1-800-469-4599.

Answer to Questions Concerning Vaccine for Children

The Alabama Medicaid Agency is dedicated to providing answers to all questions within the Provider community. Recently, some confusion has surfaced involving the Vaccine for Children Providers. The following contains answers to two questions that have been the source for this confusion.

Question 1 Does a provider need to be enrolled in the EPSDT (well-child check-up) Program to be a VFC provider?

No, however, it is required to be enrolled by the Medicaid Agency to be reimbursed by Medicaid for VFC vaccine administration. If they just want to administer the Vaccine to Medicaid children without submitting the claim to Medicaid for reimbursement, they do not have to be enrolled by Medicaid.

Question 2 What is the correct method for submitting a claim to Medicaid for reimbursement for the administration fee?

Physician's office-submit claims using physicians Medicaid's name and number
Independent Rural Health Clinic-submit claim using clinic's name and number*
Provider Based Rural Health Clinic-submit claim using VFC name and number*
Federally Qualified Health Centers-submit claim using VFC name and number*

*all providers (physicians, nurse practitioners and physician assistants)
use this number

If you have additional billing questions regarding this information, please call your provider representative at EDS (1-800-688-7989).

Clarification Regarding Prevnar VFC Codes

The Public Health Department who oversees the VFC Program and the Immunization Registry, has noticed two procedure codes being misbilled causing problems with the Immunization Registry Data Bank. Please note the difference between the two pneumococcal vaccine codes.

Procedure code (PC) 90669 is used to bill for the administration of Prevnar for children aged 0-59 months (0 up to age 5). The CPT definition for PC 90669 is "Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use."

Procedure code 90732 is used to bill for the administration of pneumococcal vaccine for adults and children six months of age and older who are IMMUNOSUPPRESSED. The CPT definition for PC 90732 is "Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use."

Synagis, PPD Skin Test, and the Rabies Series Not Part of the VFC Program

Providers should be aware that Synagis, PPD skin test, and the Rabies Series are NOT part of the VFC Program. Synagis is available (see Appendix H) if prior authorized by Health Information Designs, please call 1-800-748-0130. If a patient needs a series of rabies vaccine, please call your local county health department. Each provider must supply their PPD skin tests and it is reimbursed under PC 86580 in the CPT. PPD skin tests are given to test for tuberculosis exposure. As a reminder, testing for TB exposure for those children who have no risk factors but who reside in high-prevalence regions and children whose histories for risk factors are incomplete or unreliable should be considered for tuberculin (Mantoux) skin testing at 4 to 6 and 11 to 16 years of age. The decision to test should be based on the discretion of the physician, the local epidemiology of tuberculosis, in conjunction with advice from regional tuberculosis control officials.

Correction to EPDST Matrix

In Appendix A, Page A-30, please note the vision screening will be changed from "S" subjective, to "O" objective beginning with age three. Objective vision testing is separately reimbursable beginning with age three when billed in conjunction with an initial or periodic screening (same DOS). This is not a policy change but the Provider Billing Manual will be corrected to reflect the continuation of this policy.

Alabama Medicaid Announce Changes for District Offices

Effective November 1, 2001, there will be some changes in the counties served for the following Medicaid District Offices:

- Marshall County will be serviced by the Gadsden District Office.
- St. Clair County will be serviced by the Birmingham District Office.
- Bibb County will be serviced by the Tuscaloosa District Office.
- Lamar County will be serviced by the Florence District Office.

All client case files have been transferred to the appropriate servicing Medicaid District Office. If you should receive any questions from clients regarding these changes, please inform them that they do not need to do anything. Nursing home and HCBS waiver providers will need to direct eligibility applications and/or related correspondence to the appropriate servicing Medicaid District Office.

On page 7 in this issue of the Provider Insider, readers can find a listing of all Medicaid District Offices, addresses, telephone and fax numbers, and counties that office serves.

www.medicaid.state.al.us

How to Avoid Error 1070

An 1070 rejection is a Managed Care error that tells providers that the recipient is enrolled in the Patient 1st Program and the services require a referral from their PMP. The following individual explanations provide a quick overview of how to prevent this error from occurring.

For services performed AS A RESULT of an EPSDT screening referral

(Recipient is **NOT** enrolled in Patient 1st)

If you file hard copy claims on the HCFA-1500, you must complete the following fields:

1. Enter referring EPSDT screening nine-digit provider number in block 17A.
2. Enter "1" indicating EPSDT in block 24H.

If filing electronically on the HCFA-1500 using EDS' Provider Electronic Solutions Software, you must complete the following fields:

1. Enter referring PMP's nine-digit provider number in the "REFERRING PROV#" field.
2. Enter "E" indicating Patient 1st in the "EPSDT/Family Planning" field.

For services performed AS A RESULT of an EPSDT screening referral AND a Patient 1st referral

If you file hard copy claims on the HCFA-1500, you must complete the following fields:

1. Enter referring PMP's nine-digit provider number in block 17A.
2. Enter "4" indicating EPSDT and Managed Care in block 24H.

If filing electronically on the HCFA-1500, using EDS' Provider Electronic Solutions Software, you must complete the following fields:

1. Enter referring PMP's nine-digit provider number in "REFERRING PROV#" field.
2. Enter "B" indicating EPSDT and Managed Care in "EPSDT/Family Planning" field.

For services performed AS A RESULT of a Patient 1st referral ONLY

If you file hard copy claims on the HCFA-1500, you must complete the following fields:

1. Enter referring PMP's nine-digit provider number in block 17A.
2. Enter "3" indicating Patient 1st in block 24H.

If filing electronically on the HCFA-1500 using EDS' Provider Electronic Solutions Software, you must complete the following fields:

1. Enter referring PMP's nine-digit provider number in the "REFERRING PROV#" field.
2. Enter "M" indicating Patient 1st in the "EPSDT/Family Planning" field.

Note to PMP Providers:

Primary Care physicians do not use a referral indicator or referring provider number on the claim when billing for routine services for their assigned recipients. The indicators mean that the claim is the **RESULT** of a referral and since you are the PCP there is not a referral involved.

EDS Provider Representatives

GROUP 1



stephanie.westhoff

@alxix.slg.eds.com
334-215-4113



tasha.mastin

@alxix.slg.eds.com
334-215-4159



elaine.bruce

@alxix.slg.eds.com
334-215-4155



denise.shepherd

@alxix.slg.eds.com
334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)
Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology

North: Tasha Mastin and Stephanie Westhoff

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

South: Elaine Bruce and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

GROUP 2

Mental Health/Mental Retardation
MR/DD Waiver Public Health
Elderly and Disabled Waiver
Home and Community Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rehabilitation Services
Home Bound Waiver
Therapy Services (OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics

Maternity Care
Hearing Services
Ambulance
FQHC

Nurse Midwives
Rural Health Clinic
Commission on Aging
DME



valerie.mckinney

@alxix.slg.eds.com
334-215-4142



mikki.summerlin

@alxix.slg.eds.com
334-215-4158



laquita.wright

@alxix.slg.eds.com
334-215-4199

GROUP 3



ann.miller

@alxix.slg.eds.com
334-215-4156



shermeria.harvest

@alxix.slg.eds.com
334-215-4130

Ambulatory Surgical Centers
ESWL

Home Health
Hospice
Hospital
Nursing Home

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Medicaid District Offices

Auburn-Opelika District Office 1716 Catherine Court, Suite 1A Auburn, AL 36830-9938	334-502-5446 334-887-3840 (FAX)	Chambers Clay Coosa	Lee Macon Randolph	Russell Talladega Tallapoosa
Birmingham District Office 85 Bagby Drive, Room 302 Birmingham, AL 35209-3707	205-912-2100 205-942-4983 (FAX)	Jefferson	St. Clair	
Decatur District Office 2119 Westmeade Drive SW. (P.O. Box 1728, Zip 35602-1728) Decatur, AL 35603-1050	256-584-4100 256-353-1799 (FAX)	Cullman Jackson	Madison Morgan	
Dothan District Office 2652 Fortner Street, Suite 4 Dothan, AL 36305-3203	334-702-3100 334-794-3741 (FAX)	Barbour Coffee Covington	Crenshaw Dale Geneva	Henry Houston Pike
Florence District Office 214 E. College Street Florence, AL 35630-5606	256-740-6100 256-740-0228 (FAX)	Colbert Franklin Lamar	Lauderdale Lawrence Limestone	Marion Winston
Gadsden District Office 200 West Meighan Blvd., Suite D (P.O. Box 35, Zip 35902-0035) Gadsden, AL 35901-3200	256-549-7700 256-546-4973 (FAX)	Blount Calhoun Cherokee	Cleburne DeKalb Etowah	Marshall
Mobile District Office 3280 Dauphin Street Suite B 100 B Mobile, AL 36606-4049	251-472-4360 251-471-6930 (FAX)	Baldwin Conecuh	Escambia Mobile	Washington
Montgomery District Office 501 Dexter Avenue (P.O. Box 5624, Zip 36103-5624) Montgomery, AL 36104-3744	334-242-4065 334-242-3835 (FAX)	Autauga Bullock	Elmore Montgomery	
Selma District Office 1120 Water Avenue (P.O. Box 415, Zip 36702-0415) Selma AL 36702-4619	334-418-6600 334-418-0036 (FAX)	Butler Chilton Choctaw Clarke	Dallas Lowndes Marengo	Monroe Perry Wilcox
Tuscaloosa District Office 907 22 nd Avenue (P.O. Box 020706, Zip 35402-0706) Tuscaloosa, AL 35401-5822	205-391-6760 205-345-9414 (FAX)	Bibb Fayette Greene	Hale Pickens Shelby	Sumter Tuscaloosa Walker

State Fiscal Year 2001-2002 Checkwrite Schedule

10/05/01	01/04/02	04/05/02	07/05/02
10/19/01	01/18/02	04/19/02	07/19/02
11/02/01	02/08/02	05/03/02	08/02/02
11/16/01	02/22/02	05/17/02	08/16/02
12/07/01	03/08/02	06/07/02	09/06/02
12/14/01	03/22/02	06/21/02	09/13/02

Alabama
Medicaid
Bulletin



Post Office Box 244035
Montgomery, AL 36124-4035

PRSR STD
U.S. POSTAGE
PAID
PERMIT # 77
MONTGOMERY AL